



MARDI GRAS OPEN & WPH R48PRO V STOP # 3
JANUARY 22 - 24, 2016
ELMWOOD FITNESS CENTER
NEW ORLEANS, LA
EYE GUARDS ARE MANDATORY!



DATE: January 22, 23 & 24, 2016

SITE: Elmwood Fitness Center, 1200 S. Clearview Pkwy., Harahan, Louisiana 70123, Phone: (504) 733-1600 (20 minutes from the French Quarter in New Orleans)

DIVISIONS: **Singles:** B, C, Master 50+, Master 60+ and Women
Doubles: A, B, 50+, 60+ A minimum of 8 entries are necessary for each division. Director may consolidate brackets at his discretion and some divisions may be round robin

FEES: Amateur entrance fee \$45.00 and \$25.00 for students with student ID or Jrs. Make those checks payable to New Orleans Handball Association (NOHA) must be a member of WPH to play amateur or pro. If not a member make check for \$20.00 to WPH.

PRO FEES: **Pro Qualifiers may sign up @ r2sports.com with \$75.00 entry fee (Max 32 players)** - Preferred VIP Seats may be available for purchase.

DEADLINE: Wednesday, January 20, 2016

AWARDS: Trophies for amateur 1st and 2nd, Consolation (1st only)

HOSPITALITY: Lunch provided Saturday. Cash bar Friday, Saturday and Sunday.

TIMES: Available Thursday, January 21, after 3:00 p.m. only. Call Stacey Normand at Bob Caluda's office at 504-586-0361 or Bob Caluda at 504-452-9255. Pro Brackets will be available on line @ r2sports.com - mail David Vincent [-WPH@race4eight.com](mailto:WPH@race4eight.com)

MATCHES: **Non-pro:** 21, 21, 11 (loser ref next match) **Pro:** See WPH for Rules. Matches start Friday, January 22 at 9:00 a.m for WPH Pro Qualifiers; where ANYONE can play! WPH main court Pro Matches begin after 2:00 p.m Friday; all non-pro matches start after 4:00 p.m. on Friday;

Bring the kids for special WPH Junior/Pro Clinic (FREE)

FACILITIES: Pool, sauna, steam room, whirlpool, sun deck, weights, indoor track, restaurant, bar, cable TV, exercise room, and free parking.

DIRECTORS: Local/Non-Pro Bob Caluda (504) 452-9255 rcaluda@rcaluda.com - Pro David Vincent/WPH (520)336-6231 - vincent@wphlive.tv

DETACH HERE AND RETURN WITH ENTRY FEE

NAME _____ **DOUBLES PARTNER** _____

ADDRESS _____

Street City State Zip

HOME PHONE _____ **CELL PHONE** _____ **EMAIL ADDRESS** _____

EVENT: SINGLES _____ **DOUBLES** _____

EARLIEST FRIDAY START TIME (non pros) _____ : _____

TEE SHIRT SIZE: _____ XXL _____ XL _____ L _____ M _____ S

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Elmwood Fitness Center or its respective agents, representatives, successors or assigns, for any and all injuries which may be suffered by me in connection with my competition in this tournament.

SIGNATURE _____ **DATE** _____

MAIL ENTRY TO: NEW ORLEANS HANDBALL ASSOCIATION
 C/O Robert J. Caluda
 3232 Edenborn Avenue
 Metairie, Louisiana 70002

MAKE CHECK PAYABLE TO: New Orleans Handball Association